Sheet1

CirculatedBy	SD	Signer	PageNum	Address
Nicole Smith		Lucille Enz	2257	1815 Farlin Ave, Green Bay, WI

AFFIDAVIT

STATE OF WISCONSIN)) SS
BROWN COUNTY)
Amy Bahena-Ettner, 945 Bond Street, Green Bay WI 54303, being first duly sworn on oath, deposes and states as follows:
1. I am an adult resident of the state of Wisconsin I am a qualified elector registered to vote.
2. That on May 2 nd , 2011 I spoke to <u>Lucille Enz</u> of 1815 Farlin Ave, Green Bay, WI 54302 at that person's residence.
3. <u>Lucille Enz</u> filled out a written statement in my sight and presence which is attached hereto and incorporated herein by reference as exhibit 1.
4. I showed Lucille EnZ a copy of the recall petition which is attached
me that his/her signature was not on that document. She/He said that the signature on exhibit 2 that purports to be her/his signature is not his/her signature. She/He stated that She/He does not support efforts to recall Senator
Hansen.
Amy Bahena-Ettner
Subscribed and sworn to before me this 2 day of May 2011. Notary Public, State of Wisconsin My Commission is permanent Torgen Torgen
Forgery
700 ())

AFFIDAVIT

STATE OF WISCONSIN						
Brown	COLINTY) SS				
$D \cap U \subseteq \underline{U}$	COOMI	,				

LUCILLE A ENZ of 1815 Flankin and being first duly sworn on oath, deposes and states as follows:

- 1. I an adult resident of the 30th State Senate District and I am a qualified elector, i.e., either registered to vote or eligible to register and vote.
 - 2. I have reviewed the signature on the petition and it is not my signature.
 - 3. I do not and have not supported efforts to have a recall election held for Senator Hansen's seat.

Smile A Eng [NAME]

Subscribed and sworn to before me this

2 day of May

Notary Public, State of Wisconsin

My Commission

Exhibit 1

RECALL PETITION

TO: WISCONSIN GOVERNM	1ENT ACCOUNTABILITY Official with whom nomination papers or declaration of candid	BOARD acy for the office is filed)						
We, the undersigned qualified electors of the _	30TH WISCONSIN STATE	SENATE DISTRICT or district of officeholder)						
petition for the recall of <u>DAVE HANSEN</u> , <u>30TH DISTRICT STATE SENATE OF WI</u> from office pursuant								
to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.								
STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)								
THE MUNICIPALITY USED FOR MAILING THE NAME O	G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT CALWAYS BE LISTED.	SUFFICIENT.					
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING /					
1. han WeHS913	520 weisest	O Village Treen Bay	4/14/1					
2. Baldy Fit	1520 Weisest	o Town Juen Bay	4/14/1					
3. Alexan	500 SMonrapave	o Town o Village & B	4/14/11					
Glan Filler	Olasi HE-UB-Laca	Drown Pech Boy	4/14/1					
Sicille Eng	1815 Farin Ave	Villege Green Bay	4/14/11					
() Vin	1111 Delp Ave	Town Utilege G.B.	4/14/11					
Myanie Moore	241 N. Brood will 38	Dercity G	4-14-11					
8 Tim Doyle	1154 Racwellad	Town Scity	4-14-11					
I'm Dollator	1191 Niecat	Town Village C7. B.	4.14.11					
Karel Conso	1798 7	Town Village St. B	4-14-11					
Certification of Circulator Centify:								
1 reside at 570 5, Robby VCITST Gran Bay, W/54301 (circulator's residence - include number, afree, and municipality)								
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicate opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.								
(date) GAB-170 (Rev.6/2007) The information on this form is required	by §§, 8,40 and 9,80, Wis, Stats.	signature of circulator)	10000					
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, Wt. 53707-7984 608-266-8005, http://gab.wi.gov email; gab@wi.gov								

Evhibit 2